



Central Intelligence Agency
Information and Privacy Coordinator
Washington, DC 20505 Fax (703)613-3007

FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Subject's Full Name (Last, First, Middle) – Mr/Mrs/Ms: _____

Any Other Names Used? _____

Current Mailing Address: _____

_____ Phone: _____

Date of Birth: ____/____/____ Place of Birth (City, State/Country): _____
Month Day Year

Date of Death: ____/____/____ Place of Death (City, State/Country): _____
Month Day Year

CITIZENSHIP STATUS¹ (Please Check One)

____ US Citizen Social Security Number ² ____ - ____ - ____ Other Country: _____
OR

____ Naturalized Citizen as of ____/____/____ Naturalization #: _____
Month Day Year

OR
____ Permanent Resident Alien as of ____/____/____ PRA # _____
Month Day Year

Specific Records of Interest: _____



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Authorization to Release Information to Another Person: This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

_____.

Print name and address to who records should be released

Subject's Signature: _____ Date: _____